

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000073098

FILED
Apr 21, 2009
Secretary of State

Entity Name: CALATHES MCCORD INSURANCE GROUP, LLC

Current Principal Place of Business:

3509 PREMIER DRIVE
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

3509 PREMIER DRIVE
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 26-0526743 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCCORD, DANITA C
3509 PREMIER DRIVE
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCCORD, DANITA C
Address: 3509 PREMIER DRIVE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: MGRM () Delete
Name: CALATHES, JOHN Z
Address: 3509 PREMIER DRIVE
City-St-Zip: CASSELBERRY, FL 32707 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: CALATHES, JOHN Z
Address: 2131 TRILLIUM PARK LANE
City-St-Zip: SANFORD, FL 32773 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DANITA CALATHES MCCORD

MGRM

04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date